PART B - FEE(S) TRANSMITTAL

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08/09)/2006 RMEBRAH1 00000	044 10698000			Joshua E-Borken (Depositor's name)					
02 F(2:2501 2:1504	504 · 300.00 UP				6/10/06		(Signature)		
03 Ft	APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
	L	10/698,000 10/30/2003			rt Field		1721,002U\$1		7424	
TITLE OF INVENTION: INFLATABLE BOUNCER										
	APPLN. TYPE	SMALL ENTITY	ISSUE F.	EE	Pt	IBLICATION FEE	TOTAL FEE(S) DUE		DATÉ DUÉ	
	nonprovisional	YES	\$700		\$300		\$1000		08/07/2006	
	EXAM	EXAMINER ': ART U			NIT CLASS-SUBCLASS		J			
	NGUYEN, KIEN T		3711			472-134000				
	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is					
	PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								ocument has been filed for	
	(A) NAME OF ASSIGN	EE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Cutting Edge Creations Eagan, Minnesota									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🖾 Corporation or other private group entity 🔘 Gove									oup entity Government	
	4a. The following fee(s) are enclosed: 4b 4b 4b 4c 4c 4c 4c 4c 4c 4c				b. Payment of Fec(s): A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).					
	Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							TD 1 024 1/01		
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Typed or printed name Peter C. Maki Registration							No. 42,832			
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Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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